

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	03/03/2021 15:45 (SGT)
Date of Accident	28/02/2021 10:45 (SGT)
Exact Location of Accident	Blk 270, Singapore
Additional Location Information	Bt Panjang Rd (aft BS: 44261 - Blk 270)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5452J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	BARC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662672
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B9tl
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus

INSURANCE COMPANY

Name of Insurance Company	First Capital
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-20095488MFBP
Cover Note Number	-

DRIVER

Name of Driver	Marzo Kong Ambalong
Passport No/FIN	GXXXX665N
Date Of Birth	12/03/1974
Occupation	Outdoor

Date Of Driving Pass	15/12/2008
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM.SG
Address	6 ANG MO KIO STREET 62
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 28/02/2021 at about 10:45am as I was driving vehicle SG5452J double deck SMRT bus service 972 along Bukit Panjang Road about to enter BKE. My vehicle was in front of vehicle SLT6471L in the bus lane. From my side mirror, I saw the vehicle SLT6471 L suddenly went out of the lane and drove forward, all of a sudden the car swerve into my lane and hit my onto the right side of my battery compartment. After hitting onto my battery compartment, vehicle SLT6471L drove forward before coming to a stop. Afterwards, I stopped my bus and checked with my passengers if anyone was injured, subsequently I contacted my bus Operation Control Centre. While answering to the questions asked by my control center, the driver of vehicle SLT6471 L alighted and approached me. He told me that it is the first time that he encountered a traffic accident and does not know what to do. I only managed to get the other party's name. While exchanging, ambulance and Traffic Police came to scene. TP cascard was issued to me. I only managed to get the name of the driver of vehicle SLT6471 L through the Traffic Police. No one was injured. I was advised by the Traffic Police to lodge a report. I have an in car camera that recorded the whole incident. Particulars of vehicle SLT6471 L Name: Sheik Ismail Bin Mydin Pitchai.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6471L
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHEIK ISMAIL BIN MYDIN PITCHAI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SGS452 J

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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time



Reporting Centre Personnel's Signature
Name
NRIC/ID No.

SKETCH PLAN #2

SKETCH PLAN

A. 56.540
B. 2.140

4.12.1. *Formaldehyde*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

DECLARATION

1. We did are the

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$$\begin{aligned} \mathbb{E}[\mathcal{L}_1(\mathbf{z}_1, \mathbf{z}_2)] &= \mathbb{E}[\mathbb{E}[\mathcal{L}_1(\mathbf{z}_1, \mathbf{z}_2) | \mathbf{z}_1]] \\ &= \mathbb{E}[\mathcal{L}_1(\mathbf{z}_1, \mathbf{z}_2)] = 0. \end{aligned}$$

(b) $\int_{-\infty}^{\infty} \delta(x) dx = 1$
 (c) $\int_{-\infty}^{\infty} \delta(x) x dx = 0$
 (d) $\int_{-\infty}^{\infty} \delta(x) x^2 dx = 0$

Reporting Center Personnel's Signature
Name: _____
NRIC ID No.: _____



**SINGAPORE
POLICE FORCE**



T/20210228/2086

1 of 4

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No: T/20210228/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2021 21:24	Vide Report No.: J/20210228/0121	Station Diary No.: 75
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Informant's Particulars

Name of Informant: MARZO KONG AMBALONG	Address: 402 Fajar Road #11-217 SINGAPORE 670402
ID Type / ID No: FIN NO / G7380665N	Contact No.: Home/Office: Mobile: 83681193
Nationality: MALAYSIAN	Email:
Sex: Age: Date of Birth: Male 46 12/03/1974	Type of Informant: Driver
Race: Others	Language: Institution / School Name:
Occupation: SMRT BUS DRIVER	Driving Licence Information: Class: 3.4A Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2021 10 45	Type of Location: Straight Road
Location: BUKIT PANJANG ROAD			
Weather: Sunny	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5452J	Bus/Coach/Minibus	VOLVO		Green	Seriously Damaged	45
SLT6471L	Car	BMW		White	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20210228/2086

2 of 4

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No T/20210228/2086

CONTINUATION OF REPORT

Driver			
Name	MARZO KONG AMBALONG	ID No.	G7380665N
Related Vehicle	SG5452J (Bus/Coach/Minibus)	Contact No.	83681193
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Sheik Ismail Bin Mydin Pitchai	ID No.	NIL
Related Vehicle	SLT6471L (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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Particulars of vehicle SLT6471L
Name: Sheik Ismail Bin Mydin Pitchai.



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POLICE FORCE**



T/20210228/2086

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Report No T/20210228/2086

CONTINUATION OF REPORT